

To:

Rehabilitation  
Agencies

Speech and  
Hearing Clinics

Speech-Language  
Pathologists

HMOs and Other  
Managed Care  
Programs

## Prior Authorization Requirements for Aural Rehabilitation Therapy Rendered by a Speech-Language Pathologist Immediately Following a Cochlear Implant

Wisconsin Medicaid no longer requires prior authorization for aural rehabilitation therapy immediately following a cochlear implant when a recipient is within the initial lifetime 35 spell of illness (SOI) treatment days. In addition, for recipients who have used the initial 35 SOI treatment days, Wisconsin Medicaid has simplified the documentation required for the Prior Authorization/Therapy Attachment (PA/TA), HCF 11008 (Rev. 06/03), and created guidelines on determining the number of visits to be approved.

### Development of Guidelines

Wisconsin Medicaid, in cooperation with the Wisconsin Speech-Language Pathology and Audiology Professional Association, has developed prior authorization (PA) requirements for aural rehabilitation therapy rendered by a speech-language pathologist immediately following a cochlear implant.

### No Prior Authorization Requirements for Recipients Within the First 35 Days of Treatment

For Wisconsin Medicaid, each recipient has an initial lifetime spell of illness beginning with the

first day of evaluation or treatment and ending either when services are no longer required or after the recipient reaches 35 treatment days, whichever comes first. The 35 treatment days include any treatment days covered by commercial health insurance or provided by another provider in any setting.

For recipients who have not reached the initial 35 treatment days, Wisconsin Medicaid no longer requires PA from the first date of service for aural rehabilitation therapy immediately following a cochlear implant. Refer to the May 2006 *Wisconsin Medicaid and BadgerCare Update* (2006-41), titled "Procedure Code Changes for Therapy Services." However, once a recipient has reached the initial 35 treatment days, providers are required to submit a Prior Authorization Request Form (PA/RP), HCF 11018 (Rev. 10/03).

### Simplified Prior Authorization Process

Wisconsin Medicaid has simplified the PA process for requesting aural rehabilitation services for recipients who have reached 35 treatment days in their lifetime and require aural rehabilitation therapy from a speech-language

pathologist immediately following a cochlear implant.

Providers are required to complete and submit the following forms to Wisconsin Medicaid to request PA:

- Prior Authorization/Request Form (PA/RF).
- Prior Authorization/Therapy Attachment (PA/TA), HCF 11008 (Rev. 06/03).

### *Prior Authorization/Therapy Attachment*

Providers are required to submit the entire PA/TA (all three pages of the PA/TA) but are only required to complete the following elements of the form:

- Section I, Elements 1-12. In Element 12 (Requested Start Date), providers are required to enter the date of stimulation.
- Section II, Element 13. Providers are required to clearly identify the following:
  - ✓ Date of cochlear implant surgery, in MM/DD/YYYY format.
  - ✓ Date of stimulation, in MM/DD/YYYY format.
  - ✓ Pre-linguist or post-linguist (applies only to recipients over 18 years of age).
- Section VIII, Element 22 (SIGNATURE - Providing Therapist) and Element 23 (Date Signed).

Refer to Attachment 1 of this *Update* for a sample completed PA/TA.

### **Established Grant Date**

The grant date of approved PA requests for therapy services will be the initial stimulation date. Wisconsin Medicaid must receive the PA request no more than 30 calendar days before the stimulation date, or no more than 14 calendar days after the stimulation date.

### *Aural Rehabilitation Services for Recipients Under 18 Years of Age Following a Cochlear Implant*

Wisconsin Medicaid will grant a maximum of 60 visits of aural rehabilitation therapy over a 20-week period following the stimulation date of the cochlear implant for recipients under 18 years of age. The grant date of the PA request will be the stimulation date. The expiration date will be 20 weeks from the stimulation date.

### *Aural Rehabilitation Services for Recipients 18 Years of Age and Older Following a Cochlear Implant*

Wisconsin Medicaid will grant a maximum of 13 weekly one-hour visits of aural rehabilitation therapy over 13 weeks following the stimulation date of the cochlear implant for recipients 18 years of age and older with post-linguistic skills. The grant date of the PA request will be the stimulation date. The expiration date will be 13 weeks from the stimulation date.

For recipients 18 years of age and older with pre-linguistic skills, Wisconsin Medicaid will grant a maximum of 26 visits over 26 weeks of aural rehabilitation therapy following the stimulation date of the cochlear implant. The grant date of the PA request will be the stimulation date. The expiration date will be 26 weeks from the stimulation date.

Refer to Attachment 2 for a quick reference guide to the Wisconsin Medicaid maximum allowable number of visits and weeks for aural rehabilitation services following the date of stimulation of a cochlear implant.

### **Requesting Extension of Aural Rehabilitation Therapy**

Subsequent PA requests to extend therapy services will require completion of the entire PA/TA, as well as attachment of the required documentation indicated in the Prior

Refer to Attachment 2 for a quick reference guide to the Wisconsin Medicaid maximum allowable number of visits and weeks of aural rehabilitation services following the date of stimulation of a cochlear implant.

Providers are encouraged to review the flexibility of approved services and requesting PA by referring to the Physical Therapy, Occupational Therapy, and Speech and Language Pathology Services Handbook.

Authorization/Therapy Attachment (PA/TA) Completion Instructions, HCF 11008A (Rev. 06/03). Wisconsin Medicaid may approve subsequent PA requests for a period of up to six months if the documentation submitted supports the medical necessity of the request.

### Procedure Codes

Providers are reminded to use *Current Procedural Terminology* procedure code 92506 (Evaluation of speech, language, voice, communication, and/or auditory processing) for evaluation and re-evaluation. Providers are required to use procedure code 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder) with modifier “UC” (Therapy following a cochlear implant) for aural rehabilitation following a cochlear implant. The use of modifier “UC” represents services for the improvement of speech and language related to the cochlear implant and results in increased reimbursement. Refer to the May 2006 *Update* (2006-41), titled “Procedure Code Changes for Therapy Services.”

Recipients commonly receive speech and language pathology services prior to receiving a cochlear implant. Providers should continue to submit claims for procedure code 92507 *without* modifier “UC” for these services.

### Flexibility of Approved Services

Providers are encouraged to review the flexibility of approved services and requesting PA by referring to the Physical Therapy, Occupational Therapy, and Speech and Language Pathology Services Handbook.

### Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to

recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT 1

## Sample Prior Authorization/Therapy Attachment for Aural Rehabilitation Services Following a Cochlear Implant

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing  
HCF 11008 (Rev. 06/03)

STATE OF WISCONSIN

### WISCONSIN MEDICAID PRIOR AUTHORIZATION / THERAPY ATTACHMENT (PATA)

Providers may submit prior authorization (PA) requests to Wisconsin Medicaid by fax at (608) 221-8616 or by mail to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Therapy Attachment (PATA) Completion Instructions, HCF 11008A.

#### SECTION I — RECIPIENT / PROVIDER INFORMATION

1. Name — Recipient (Last, First, Middle Initial) <b>Recipient, Im A.</b>		2. Recipient Medicaid ID Number <b>1234567890</b>	3. Age — Recipient <b>25</b>
4. Name and Credentials — Therapist <b>I. M. Provider</b>	5. Therapist's Medicaid Provider No. <b>12345678</b>	6. Telephone No. — Therapist <b>(555) 555-5555</b>	
7. Name — Referring / Prescribing Physician <b>I. M. Prescriber</b>			
8. Requesting PA for  <input type="checkbox"/> Physical Therapy (PT) <input type="checkbox"/> Occupational Therapy (OT) <input checked="" type="checkbox"/> Speech and Language Pathology (SLP)			
9. Total Time Per Day Requested <b>1 hour</b>		10. Total Sessions Per Week Requested <b>1</b>	
11. Total Number of Weeks Requested <b>26</b>		12. Requested Start Date <b>06/01/2006</b>	

#### SECTION II — PERTINENT DIAGNOSES / PROBLEMS TO BE TREATED

13. Provide a description of the recipient's current treatment diagnosis, any underlying conditions, and problem(s) to be treated, including dates of onset.

- **Date of Cochlear Implant: 05/01/2006**
- **Date of Stimulation: 06/01/2006**
- **The recipient is 25 years of age and pre-linguist**

#### SECTION III — BRIEF PERTINENT MEDICAL / SOCIAL INFORMATION

14. Include referral information, living situation, previous level of function, any change in medical status since previous PA request(s), and any other pertinent information.

#### SECTION IV — PERTINENT THERAPY INFORMATION

15. Document the chronological history of treatment provided for the diagnoses (identified under Section II), dates of those treatments, and the recipient's functional status following those treatments.

Provider Type (e.g., OT, PT, SLP)	Dates of Treatment	Functional Status After Treatment

*Continued*

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**SECTION IV — PERTINENT THERAPY INFORMATION (Continued)**

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16. List other service providers that are currently accessed by the recipient for those treatment diagnoses identified under Section II (i.e., home health, school, behavior management, home program, dietary services, therapies). Briefly document the coordination of the therapy treatment plan with these other service providers. Documentation may include telephone logs, summarization of conversations or written communication, copies of plans of care (POC), staffing reports, or received written reports.

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17. Check the appropriate box and circle the appropriate form, if applicable.

- ☐ The current Individualized Education Program (IEP) / Individualized Family Service Plan (IFSP) / Individual Program Plan (IPP) is attached to this PA request.
- ☐ The current IEP / IFSP / IPP is attached to PA number \_\_\_\_\_.
- ☐ There is no IEP / IFSP / IPP because \_\_\_\_\_.
- ☐ Cotreatment with another therapy provider is within the POC.
- ☐ Referenced report(s) is attached (list any report(s)) \_\_\_\_\_.

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**SECTION V — EVALUATION (COMPREHENSIVE RESULTS OF FORMAL / INFORMAL TESTS AND MEASUREMENTS THAT PROVIDE A BASELINE FOR THE RECIPIENT'S FUNCTIONAL LIMITATIONS)**

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18. Attach a copy of the initial evaluation or the most recent evaluation or re-evaluation, **or** indicate the PA number with which this information was previously submitted.

- ☐ Comprehensive initial evaluation attached. Date of initial comprehensive evaluation \_\_\_\_\_.
- ☐ Comprehensive initial evaluation submitted with PA number \_\_\_\_\_.
- ☐ Current re-evaluation attached. Date of most current evaluation or re-evaluation(s) \_\_\_\_\_.
- ☐ Current re-evaluation submitted with PA number \_\_\_\_\_.

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**SECTION VI — PROGRESS**

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19. Describe progress in specific, measurable, objective, and functional terms (using consistent units of measurement) that are related to the goals / limitations, *since treatment was initiated or last authorized*.

Goal / Limitation	Previous Status / Date (MM/DD/YY)	Status as of Date of PA Request / Date (MM/DD/YY)
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(If this information is concisely written in other documentation prepared for the provider's / therapist's records, attach and write "see attached" in the space above.)

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**SECTION VII — PLAN OF CARE**

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20. Identify the specific, measurable, objective, and functional goals for the recipient (to be met by the end of this PA request) and both of the following:
- (1) Indicate the therapist-required skills / treatment techniques that will be used to meet each goal.
  - (2) Designate (with an asterisk [\*]) which goals are reinforced in a carry-over program.

*(If the POC is concisely written in other documentation prepared for the recipient's records, attach and write "see attached" in the space above.)*

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**SECTION VIII — REHABILITATION POTENTIAL**

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21. Complete the following sentences based upon the professional assessment.

(1) Upon discharge from this episode of care, the recipient will be able to

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(2) Upon discharge from this episode of care, the recipient may continue to (list supportive services)

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(3) The recipient / recipient's caregivers support the therapy POC by the following activities and frequency of carryover

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(4) It is estimated this episode of care will end (provide approximate end time)

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22. **SIGNATURE** — Providing Therapist

**I. M. Provider**

23. Date Signed

**05/15/06**

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24. **SIGNATURE** — Recipient or Recipient Caregiver (optional)

25. Date Signed

## ATTACHMENT 2

### Aural Rehabilitation Services Following a Cochlear Implant

The following table provides the Wisconsin Medicaid maximum allowable number of visits and weeks for aural rehabilitation services following the date of stimulation of a cochlear implant.

	Maximum Allowable Number of Visits	Maximum Allowable Number of Weeks
Recipients Under 18 Years of Age	60	20
Recipients 18 Years of Age and Older — Post-Linguistic	13	13
Recipients 18 Years of Age and Older — Pre-Linguistic	26	26